IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Katsushi MINAMINO Serial No: 10/783,214

Confirmation No: 6684 Filed: February 20, 2004

For: Image Processing System and Image Scanning Device

Art Unit: 2625 Examiner: Rilev.

xaminer: Riley, Marcus T.

I hereby certify that this correspondence is being transmitted via electronic filing to: Mail Stop AF

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

J anuary 14, 2009 Date of Deposit

Nancy Nolen Name

Name
Signature
Date

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Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	9		20	••	0	LG=\$52 SM=\$26	\$52	\$	0
INDEPENDENT CLAIMS FEE	6	-	12	***	0	LG=\$220 SM=\$110	\$220	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195								\$	0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$270 FOR EACH ADDITIONAL 50 SHEETS								\$	0
Independent Claims: 9, 10, 11, 12, 13 and 16 TOTAL								\$	0

^{*} If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

Please charge the amount of \$_0_ to cover the additional claims fee to Deposit Account No. 50-1314.

Please charge the amount of \$-0- to cover the extension fee to Deposit Account No. 50-1314.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.

By:_

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 3 C.F.R. § 1.17

Date: January 14, 2009

1999 Avenue of the Stars, Suite 1400 Los Angeles, California 90067 Phone: 310-785-4600 Fax: 310-785-4601 TrovM Schmelzer Registration No. 36,667 Attorney for Applicant(s)

Respectfully submitted, HOGAN & HARTSON L.L.P.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

^{***} If the *Highest Number Previously Paid For* IN THIS SPACE is less than 3, write "3" in this space. The *Highest Number Previously Paid For* (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.